MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	09/529159	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51			✓				
2		✓					52		✓					
3		✓					53			✓				
4		✓					54		✓	✓				
5		✓					55		✓					
6		✓					56			✓				
7		✓					57		✓					
8		✓					58			✓				
9		✓					59			✓				
10	✓	✓					60							
11							61							
12		✓					62							
13	✓						63							
14		✓					64							
15							65							
16		✓					66							
17		✓					67							
18	✓						68							
19		✓					69							
20		✓					70							
21		✓					71							
22		✓					72							
23		✓					73							
24		✓					74							
25		✓					75							
26		✓					76							
27		✓					77							
28		✓					78							
29		✓					79							
30		✓					80							
31		✓					81							
32		✓					82							
33	✓						83							
34		✓					84							
35		✓					85							
36		✓					86							
37		✓					87							
38		✓					88							
39		✓					89							
40		✓					90							
41		✓					91							
42		✓					92							
43		✓					93							
44	✓						94							
45		✓					95							
46		✓					96							
47		✓					97							
48		✓					98							
49		✓					99							
50		✓					100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL														